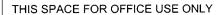


## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE OF HAWAIL STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(First)	(Middle)	TELEBRIONE	
(First)	(Middle)	I TELEBUIONE	
	(Middle)	TELEPHONE	
Melissa	T.	808-722-7007	
MAILING ADDRESS (Street)			
841 Bishop Street, Suite 1628			
(State)	(Zip Code)		
HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			
Hawaii Public Policy Advocates			
MAILING ADDRESS (Street)			
841 Bishop Street, Suite 1628			
(State)	(Zip Code)		
HI		96813	
	(State) HI conly if you are employed by a business entity whice cocates 1628 (State)	(State) HI conly if you are employed by a business entity which has been retained to lobby) cocates 1628 (State)	

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
Hawaii Maritime Center	808-847-8269				
MAILING ADDRESS (Street)	FAX				
Pier 7, 191 Ala Moana B	808-541-8968				
(City)	(State)	(Zip Code)			
Honolulu,	HI	96813			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
Jennifer M.L. Chock Woo	808-847-8269				
MAILING ADDRESS (Street)	FAX				
1525 Bernice Street		808-541-8968			
(City)	(State)	(Zip Code)			
Honolulu,	HI	96817-2704			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the	information furnished abov	ve is, to the best of my knowled	lge, correct and complete.		
Mili- Narton 1-17-07					
(Signature of Lobbyist) (Date)					
PART V AUTHORIZATION	ON TO LOBBY				
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Jennifer ML Chock Wooton Vice President of Governmental Affairs					
NAME OF ORGANIZATION (if ap	oplicable)		TELEPHONE		
Bishop Museum			808-847-8269		
MAILING ADDRESS (Street)			FAX		
1525 Bernice Street			808-841-8968		
(City)	(State)		(Zip Code)		
Honolulu,	Hawaii		96817-2704		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Is NO	iea Wa y	lon	1-15-07		
(Signature of Au	thorizing Officer or Person Repre	sented)	(Date)		